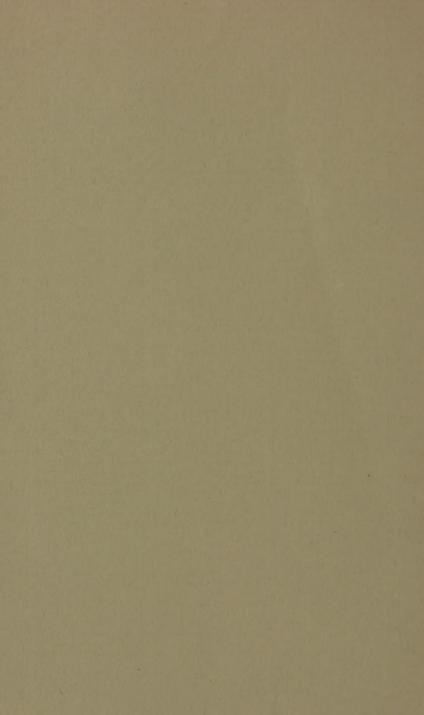
ON THE FREOUENCY OF VARICOCELE AND THE LIMITATIONS OF OPERATIVE TREATMENT FOR THIS AFFECTION.

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## ON THE FREQUENCY OF VARICOCELE AND THE LIMITATIONS OF OPERATIVE TREATMENT FOR THIS AFFECTION.

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For years I have been convinced that too many operations are being performed for varicocele and I have always advised my students to limit operative intervention to the exceptional cases in which well-marked symptoms warranted such a course. Most of the persons suffering from this affection that apply to the surgeon for treatment are sexual neurasthenics, young men who have made a deep study of this subject with the aid of quack literature. In the great majority of cases the symptoms presented are due to a morbid mental condition, rather than the varicosity of the spermatic veins. I have frequently observed that the size of the varicocele bears no relation to the degree of suffering and distress complained of by the patients. Recent experience has only confirmed my views concerning the relationship of varicocele to the subjective symptoms associated with this condition. During the month of May I had, as a member of the Examining Board, an opportunity to examine at Camp Tanner, Springfield, Ill., 9,815 recruits for the volunteer service. I took especial pains to investigate varicocele as a cause of disability. From the very beginning I was surprised at the prevalence of this affection. I classified the cases

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according to the number and size of the varicose spermatic veins into: (1) Small varicocele: (2) Mediumsized varicocele; (3) Large varicocele. The disease was found more frequent in the robust strong than in men of slight build. In most instances the men were otherwise in excellent condition. Atrophy of the testicle was seldom noted. The subjects of large varicocele were invariably questioned as to whether or not this pathologic condition gave rise to discomfort or pain, and, with the exception of 3 or 4 cases, the replies were always negative. In more than half of the cases that presented themselves the men were ignorant of the existence of the affection. Many of the recruits, on listening to the dictation, "large varicocele of the left side," seemed to be surprised that there was anything wrong, and would insist that the swelling had existed as long as they could remember; in fact, they considered it normal. In a few cases an operation had been performed, in one case followed by atrophy and in another by sloughing of the testicle. The results of these observations led me to the conclusion that varicocele is very seldom a cause of disability for military service, and that operative treatment is rarely indicated. This short communication is made for the distinct purpose of calling attention to the frequency with which varicocele is met with in otherwise healthy and robust subjects, and in formulating a serious and positive protest against the too frequent recourse to operative interference so common with surgeons of all grades and in all civilized countries.

The following table shows that of 9815 recruits examined 2078 were affected with varicocele, that is 21.17%. In all cases in which the disease affected the right side exclusively, only 15 times, the varicosity was slight or moderate; as it was also when it presented itself as a bilateral affection, which was the case 17 times.

Varicocele is met with, as the following table shows, most frequently in young adults. In 10 cases under 17 years of age no indications of the disease were found, while of 11 men over 50 years of age 2 were affected.

RECORD OF THE NUMBER OF VARICOCELES AND OF THE AGES IN 9,815 EXAMINATIONS OF RECRUITS FOR THE VOLUNTEER SERVICE, AT CAMP TANNER, MAY, 1898.

AGE.	NO. EXAMINED.	NO, CASES.	PERCENTAGE.	AGE.	NO. EXAMINED.	NO, CASES,	PERCENTAGE.	AGE.	NO, EXAMINED.	NO. CASES.	PERCENTAGE.	
	618 611 1450 1076 996 798 610 523 439 521 341	140 128 333 249 233 164 144 106 87 85 71 48	24.13 22.65 20.95 22.96 23.14 23.39 20.68 23.61 20.27 19.82 16.31 20.82 21.25	33 34 35 36 37 38 39 40 41 42 43 44	133 134 120 74 71 66 42 44 28 33 26 36	20 15 12 8 18 15 13 17 14 19 12 18 8 19 7 15 8 28 5 15 9 34 3 8	5.04 8.96 5.00 7.57 9.72 8.18 9.05 5.91 8.57 5.15 4.62 8.33	47 48 49 50 51 52 53 54 55 56 57	2	2 2	100 100 100 50	Whole number of recruits exam'd, 9815 " "cases varicocele, 2078 Percentage of whole 21.17  On both sides in the whole no., 17 cases. On the right side only 15 "  There were examined also 1 at 16 years and 9 at 17 years, who had no varicocele.

## NUMBER OF CASES OF SLIGHT VARICOCELE.

	AGE.		AGE.	
10 double; 7 right side only	18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33	42 78 64 125 113 111 87 66 59 40 39 27 23 20 8	34 35 36 37 88 89 40 41 42 43 44 45 46 47 51 58	29 5 6 6 8 1 4 2 4 2 1 1 1 1 1 1

NUMBER OF CASES, AT VARIOUS AGES, OF MEDIUM-SIZED VARICOCELE.

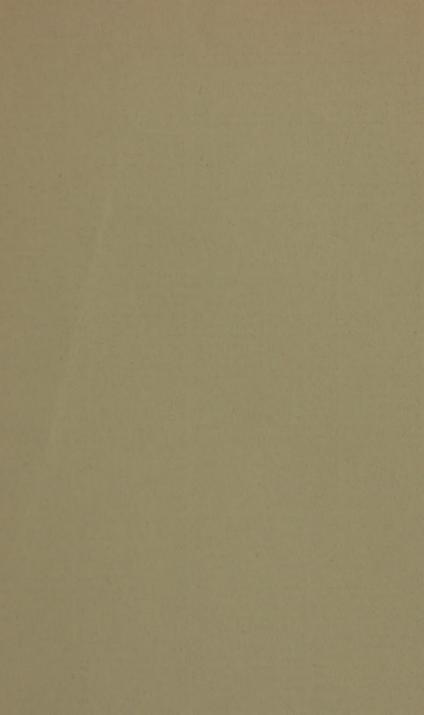
	AGE.		AGE.	
double; 4 right side only	18 19 20 21 22 23 24 25 26 27 28 29 30 31	19 38 42 123 81 86 63 53 30 34 23 24 17 11	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	4 4 7 5 5 3 3 4 3 1 4

NUMBER OF CASES, AT VARIOUS AGES, OF LARGE VARICOCELE.

	AGE.		AGE.	
	18	17	83	3
	19	24	34	
	20	22	35	6 2 3 3
	21	55	36	9
	22	55	37	3
	23	36	38	3
	24	34	39	2
right side only	25	25	40 .	2 2
again side only	25 26	17	41	1
	27	13	42	2
	27 28	23	43	1
The second secon	29	20	44	1
	30	8	45	1
	. 31	10	46	1
	32	7		
	52	1	47	

The foregoing tables prove that the slight form of varicocele is most prevalent. Next in frequency comes the medium-sized, and lastly the large varicocele. Small varicocele was found in three men over 45 years of age; no medium-sized varicocele after 43; and only one large varicocele in a man 45 years of age. These statistics are absolutely reliable and fortify my position taken in this paper that varicocele in varying degrees is met with in nearly one out of four men between the

ages of 18 and 30 years, and that of itself it seldom gives rise to any noticeable disturbance, and that the patients who apply for treatment do so in consequence of nervous disturbances entirely separate and independent of the enlarged spermatic veins. I am satisfied that in many of these cases an operation is superfluous, provided the surgeon can secure the full confidence of his patient, which is an essential prerequisite to successful treatment short of an operation. For my own part I shall not perform as many operations for varicocele since I have had an opportunity of studying the pathologic and clinical features of this affection on such a large scale.



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